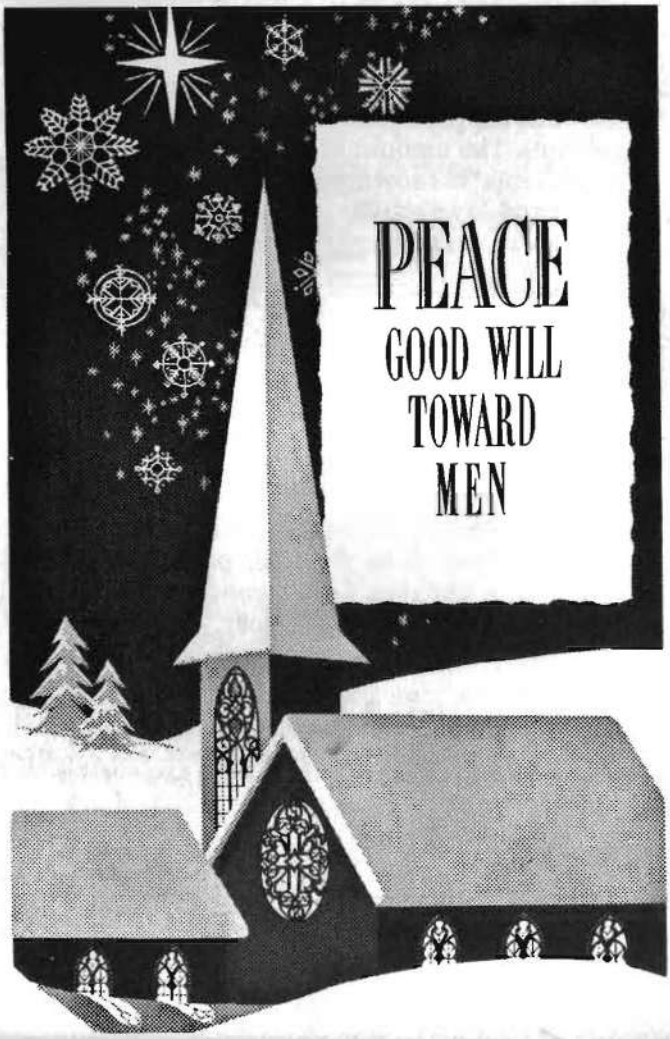
CALIFORNIA CHIROPRACTIC COLLEGES

LOS ANGELES COLLEGE OF CHIROPRACTIC

The Chirogram

THE CHIROPRACTIC PHYSICIAN December 1972 Vol. 39, No. 12



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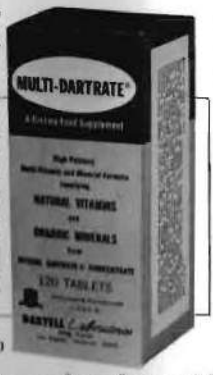

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EDITORIAL COMMENT

GIVING AND RECEIVING

The holiday season has again come upon us.
At this good season we hear much about ---
"Peace on earth and good will to men".
We also hear a lot about "giving and receiving"!

We have all been told that it is better to give than to receive.
That's pretty hard to understand when you're a kid.
Getting a present is sure more exciting than giving one.

But, we were kids then -- and now we are not.
Those were the by-gone days.
Things have changed!
Now we get a great deal of satisfaction from
doing for others ---
from giving.
When we say "giving" we mean many things:
Love of and devotion to one's family,
Respect for and loyalty to one's country,
Obedience to the Will of our Creator ----
by whatever Name we call Him.
Service to one's profession -- and patients.
And not to mention such valuable gifts to others as our attitudes of
Trust, Thankfulness, Consideration and Happiness of Mind!

Wise old men are always credited with profound statements.
Whoever first said, "It is better to give than to receive",
Must have been very wise indeed.
He gave us all something by which we can live, in our relations with
others, in our practices, and in our own philosophies ---
all year long!
He really gave to us a great gift, didn't He?

Giving, in fact, is the prime prerequisite for receiving!
Now may all of us here give to you and to yours ---
Our best wishes for your very good health,
and a rich enjoyment of the holiday season.

JDK

THE CHIROGRAM • JOURNAL
OF THE LOS ANGELES COLLEGE OF CHIROPRACTIC

CIRCULATION — 11,000

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Dedicated to the dissemination of current and research information relative to the field of Chiropractic Therapeutics

FEATURE ARTICLES

REGULAR FEATURES

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A VISION FOR CHIROPRACTIC

by

Harry N. Rosenfield, Esq.

Recently, Dr. George H. Haynes, Administrative Dean of the Los Angeles College of Chiropractic travelled to Lombard, Illinois, to participate in the Commencement Exercises of the National Chiropractic College. He was, at that time, awarded an Honorary Doctor of Laws degree.
The Commencement speaker was Mr. Harry N. Rosenfield, Esq., the Washington, D. C. counsel for the American Chiropractic Association.
Mr. Rosenfield's remarks to the graduating class were so timely, and had such timely meaning, that we feel that his remarks should, through these pages, be directed to the entire field. There is a hard-hitting message here for all of us.
We print his address as it was delivered. The Chirogram is indebted to The Utah Chiropractor for the transcript of Mr. Rosenfield's address. Ed.

Former Secretary of State Dean Rusk once began a commencement address with this observation:

> "I realize that I am the last of a long line of obstacles between you and your diploma. Therefore I shall be brief."

I shall try to follow his understanding example.

My object in these remarks is to *dare* you to share with me a vision of chiropractic's future, and to *challenge* you to undertake its achievements.

I have a vision of a chiropractic profession that is in the mainstream of America's health care and service.

I have a vision of a chiropractic profession that is a valued contributor to the universal and growing body of health knowledge and scientific research.

I have a vision of chiropractic that participates, with all other health providers, in all Federal and State Health Services, in group practice and regional health centers, and in voluntary governmental health activities at local, state and national levels.

I have a vision of a chiropractic profession at peace with itself, united but without enforced uniformity, proud of its heritage, but now matured and not hamstrung by its history.

I have a vision of a chiropractic profession that receives Federal and state funds for faculty salaries, student scholarships and fellowships, research, libraries, buildings and the whole panoply of Federal and state health programs.

I have a vision of a chiropractic profession whose colleges are an integral part of the educational life of America as fully accredited members of the university family, like medical, law and engineering schools.

I have a vision of a chiropractic profession whose future is far happier than its past.

But I must also warn you that these "visions of glory" (to borrow Thomas Gray's phrase) may be blurred by what Shakespeare called "stormy visions," or the nightmares of gloom that others are planning for chiropractic:

The nightmare that chiropractic licensing might be curtailed in the future if not cut off completely by one or another devious device -

The nightmare that chiropractic colleges may be slowly starved to death -

The nightmare that chiropractic could be permanently frozen out of all publicly sponsored health programs -

The nightmare that chiropractic might slowly but inexorably be eliminated altogether from the national scene.

Which is it to be -

the VISION OF HOPE?

or

the NIGHTMARE OF DOOM?

The future of chiropractic depends on today's and tomorrow's graduates is a trite and not very helpful truism. But I believe that chiropractic's future could reflect:

your vision of its future
and your commitment to the common weal.
your willingness to sacrifice in order to achieve your vision through your commitment.

I am *not* saying that you graduates, or for that matter all of chiropractic, can alone control chiropractic's future --- for that is in the hands of the American public. But I *am* saying that your vision of chiropractic and your commitment to that vision can be either the *sine qua non* or the vision of hope, or the catalyst of the nightmare of doom.

You and your contemporaries will have your own and, I hope, brighter visions of chiropractic. Without visions, without dreams,

without hopes, we are little better than brute animals, and for chiropractic in particular, experience teaches that without visions of hope there may well be only nightmares of doom!

Any vision of chiropractic's future can have a legitimate place in the American dream only to the degree that chiropractic serves the health needs of the American people, only to the extent that it helps to maintain a healthier America. Chiropractic deserves the visions of glory instead of the nightmares of doom only if it continues to earn and merit the trust and confidence of the American people.

Visions of the chiropractic profession --- your and mine. Is all this to be what Longfellow called ".....but an empty dream," and nought but idle castle-building on the sand? Or is it to be a harbinger to things to come?

I believe -- genuinely believe -- that these visions are realistic, that these dreams can come true, that we have here the stuff of reality and not the chimera of inflamed imagination.

But here is where *you* fit into this picture. Walter Lippman once told a reunion of his Harvard class that, "For every right that you cherish, you have a duty which you must fulfill. For every hope that you entertain, you have a task you must perform. For every good that you wish to preserve, you will have to sacrifice your comfort and your ease. *There is nothing for nothing any longer.*"

Since I have dared you to share my visions, I challenge you to transform them into reality.

What will it take? *FIRST*, do you believe that chiropractic is a learned profession --- or a trade? Are you willing to accept the obligations of being a learned profession? Let me recount for you only a few of what I conceive to be such obligations:

[a] *Pursuit of the truth*, even if it means abandonment of cherished "philosophies" and long-entertained ideas. Are *you* willing to follow the hard trail of truth? Or will you settle for the easy path of customary shiboleths?

[b] *Members of a learned profession must strive to be learned* --- not only in their own profession but also as leaders in the general community. For example, there was a time when my own profession, the law, required neither pre-professional, professional, nor post-professional education. But for the law that is part of its past, not its present or future.

I, for one, look forward to the time of a four-year pre-professional requirement in chiropractic, to cite one example. Why? Not only that there may be better chiropractors, but also that there may be better community leaders and citizens.

Are you willing to be learned, as part of the obligations of membership in a learned profession?

Apart from the clergy, learned professions do not rely on revealed knowledge. The authority of antiquity must yield to the wisdom of more adequate and comprehensive knowledge. Let me give you one example of the growth of new knowledge. My brother-in-law is a world-renowned atomic physicist. His doctoral research was

largely the basis for the Nobel Prize Award to his professor. And yet, Bill tells us that the highly esoteric matters he studied for the Ph. D. comprehensive exams at Columbia University are now the grist of high school physics!

Will you live and practice your profession on the basis of past knowledge, revealed or otherwise obtained, or will you insist on research, study and scientific professional concepts? Regretfully I record my view that neither basic nor clinical research are among chiropractic's bright accomplishments.

I respectfully submit that the learned professions in the health mainstream will never seriously regard chiropractic as a learned health profession unless it produces, accepts, applies and respects research and scientific study.

Will *you* insist that chiropractic colleges become centers of scientific research? Will *you* demand that chiropractic organizations commit themselves to procure and provide funding for research? Will *you*, as an individual practicing chiropractor, engage in or cooperate with research in your own office, on a clinical basis?

Let me hasten to say that I mean genuine, scientific research, not merely activity designed to "prove" that chiropractic is "right." I mean research that meets the normal canons of rigorous scientific inquiry, and not merely self-serving testimonials.

As President Nixon recently said, in a different context, in a message to Congress:

> "Adapt or die --- the Darwinian
> choice is ours to make."

Are *you* willing to make this choice?

There are some in *all* professions - not merely chiropractic - who fear genuine scientific research because it may challenge and even destroy treasured pre-conceptions. I have even asked whether I want research done if it "proves" chiropractic is "wrong" as a healing art. My answer is "YES" --- that chiropractic must serve the public good or it has no public justification. Basic research cannot be prostituted by insisting upon preconceived results; President Truman once said that if politicians can't stand the heat they ought to get out of the kitchen. If chiropractic can't stand the truths derived from genuine research, it has no right to the confidence and trust of the American people.

Are *you* willing to demand genuine research in order to improve chiropractic, not to prove it?

SECOND, do you believe that chiropractic's first responsibility is to the public?

If you do, then you must accept the responsibility for various activities designed to protect the public. Let me cite two such activities: Code of Ethics and Peer Review.

[a] ETHICAL STANDARDS

Most learned professions have adopted a code of ethics which codifies a professional responsibility for ethical behavior within the profession and with respect to the public.

Are *you* willing to set high ethical standards that may eliminate widespread practices that are being quietly ignored in the profession? Are *you* willing to insist on tough and important enforcement, irrespective of whose toes are stepped on?

Suppose we look at a single example:

In most professional codes of ethics, a central feature is control, if not elimination, of individual or personal advertising. Regretfully, I do not believe that the chiropractic profession can, as a generality, measure up on this criterion.

One of the most embarrassing aspects of my representation of chiropractic in Washington, D. C., is the continuous dismay expressed to me by responsible officials over chiropractic advertising which would be clearly unethical for medical doctors or lawyers. Will *you* permit chiropractic to continue such blatant practices? What are you going to do about it?

[b] PEER REVIEW

In all professions, questions sometimes arise as to the professional propriety of actions taken in individual cases. This has become a matter of special importance in the health field because of the third-party payers, such as Blue Cross and Blue Shield plans. Are *you* willing to commit the chiropractic profession to assure that individual doctors do not - out of stupidity, ignorance, or indifference - abuse the trust placed in the chiropractic profession by its patients? Will *you* give a higher priority to protecting the public than to "covering-up" for the profession? What about the "bad apple" who consciously provides more service than he knows to be necessary? Or the greedy one who is guided more by his own bank account than by his patient's health needs? Or the professional who barges ahead with a course of care of which he knows (or should know) that he is not competent to reach a valid professional judgement?

You may be interested to know that very recently the American Bar Association amended its Code of Ethics, now -- significantly -- called a Code of Professional Responsibility, to make it unethical for a lawyer to deal with a legal matter which "he knows or should know that he is not competent to handle."

Are *you* willing to accept a similar ethical responsibility of competency toward chiropractic patients? Among other things, such responsibility implies keeping abreast of current scientific, chiropractic and other developments. And here again I regretfully report the conclusion that not enough has been done by chiropractic to protect the public by properly devised peer review systems. And I warn you, if chiropractic doesn't set up its own peer review system adequately to protect the public, the government will set them up. And in that event they are as likely to be run by MDs as by DCs.

Are *you* willing to demand that chiropractic police itself in order to protect the public?

Third, do you believe in the responsibility of doctors of chiropractic as citizens in their communities and in the nation?

It is not uncommon for minority groups to withdraw into their shells, to "ghetto-ize" thenselves, in order to ward off what, in his famous soliloquy, "To be or not to be ---", Hamlet eloquently decried as "the slings and arrows of outrageous fortune". This is understandable, but I believe it is inexcusable in a group devoted to the public health.

Do you believe that chiropractic is a valuable approach to the public health? If so, how can you permit chiropractic's ill wishers to force you into segregating yourself from the body civic and politic?

Why shouldn't doctors of chiropractic be full-fledged citizens and professionals participating in the whole panoply of public and private life? Why shouldn't doctors of chiropractic be members of State and local Boards of Health, hospital boards, University Boards of Regents, boards of Blue Shield and health insurance corporations, or of voluntary health organizations?

Yes, why shouldn't doctors of chiropractic hold public office as Senators and Congressmen, State Legislators, Governors, mayors, school board and county planning board members?

Why shouldn't D. C.s serve as officers in voluntary community organizations of all kinds, such as art museums, local good government leagues, PTAs and such?

Why shouldn't doctors of chiropractic make full use of all their constitutional prerogatives, such as the Right of Petition which is enshrined in the First Amendment of our Constitution -- yes, the right to lobby for what they think is right! And, to do this on a continuing basis and for matters of public policy extending beyond matters of professional self-interest!

If chiropractors do not have sufficient self respect to warrant exercise of their full rights and duties of citizenship, why should the public at large respect them?

You will undoubtedly note that thus far I have not mentioned any of chiropractic's outstanding accomplishments to date, such as the improvement of chiropractic education over the years. Obviously, one of the crowning achievements here is the unique recognition recently accorded to the National College of Chiropractic by the Board of Regents of New York State. National College merits hearty congratulations for this sterling accomplishment.

Nor have I mentioned that the citizenship and leadership role played by chiropractic doctors over the years has been so outstanding in some respects that 48 states now license chiropractors, and 26 states have enacted "insurance equality" laws. These are but two of many examples.

Yes, chiropractic has much to be proud of in its history to date. Obviously, chiropractic would not be at the point of break-through in Congressional recognition in Federal Health Programs if so much had not already been so successfully accomplished. But I prefer to look ahead and not backwards. Far too much remains to be done, too many visions and dreams waiting to come true. Do you remember the Queen's comments in Alice in Wonderland? ".....it takes all the

running you can do to keep in the same place. If you want to get somewhere else you must run at least twice as fast as that....."

Earlier I asked: What will it take to make these visions and dreams come true? I have pointed to only three areas of actions. There are many more answers to what it will take -- but if these are to be your visions and dreams for chiropractic, the answer to "what it will take" must also be yours.

A vision can be a thing of beauty and a good in itself but without action, vision can be like "the shadow of a dream", (to quote Shakespeare). And while Sophocles tells us that "Heaven never helps the man who will not act," the Proverbs warn us that "Where there is no vision, the people perish." Gothe puts it something like this, "Nothing is so terrible as activity without insight."

Chiropractic's future requires both vision and action, vision that is action-oriented, vision that is truth-in-the-making.

Here, then, is chiropractic's principal problem for the future, the convergence of vision and action!

General George C. Marshall, warrior and statesman, once said, "Gentlemen, don't fight the problem. Solve it!"

Have you got what it takes to solve chiropractic's principal problem, uniting vision with action?

SELECTED CARDIOVASCULAR DISEASES OF GERIATRIC PATIENTS

BY

DONALD W. NELSON, D. C.

The ever-increasing numbers of the elderly, proportionately speaking, has resulted in a new trend of health care. Rather then directing his main efforts toward infectious diseases in youth, the physician has become involved in caring for increasing longevity. In this new role as the key participant, the doctor must accept the challenge of senescence and its many facets.

Normal senescence is characterized by a gradual atrophy of the specialized functional parenchymal cells, with replacement by growth of supporting fibrous connective tissue. This basic structural change is observed in the skin which becomes thinner, the hair becomes more sparce, a poorer blood supply to the skin, and, among other factors, the reduced ability to perspire. Thus "fibrosis" or "sclerosis" are attempts to replace the older original tissues.

Naturally, when one thinks of diseases of the aged, high blood pressure, or hypertension is visualized. Its incidence is increasing in the competitive struggles within our society which demand great energy and stressful responsibility. The annual number of deaths in the United States, from hypertension alone, is over 200,000.

Hypertension is associated with a generalized increase in the tone or constriction of myriads of arterioles. The greater the constriction, the higher the arterial pressure and, even more important, the poorer the flow of blood in the miniscule but essential capillary beds. Chemical homeostasis is disturbed. Structural changes in the arterioles result in thickening of the walls. A vicious cycle is initiated in which violent fluctuations in contraction occur with the blood pressure continuously increasing. Scar tissue replaces the dying muscle cells in the arteriolar walls resulting in a continued loss of elasticity. Once this cycle is established the patient is faced with a potentially severe and progressive disease.

Atherosclerosis is accelerated by hypertension though it can occur without diastolic increase. On the other hand, hypertension can persist without significant atherosclerosis. The loss of elasticity along with the thickened and ulcerated intima, is seen in the aorta and is generally related to plasma lipids including cholesterol.

Rarely does long-standing diastolic hypertension in Caucasians exist into the geriatric age bracket without atherosclerotic lesions being found in the aorta, the major arteries or the coronaries. Fat in serum can be made to infiltrate the walls of arteries under high pressure, especially if the intima is injured. This explains why atherosclerotic gangrene is more frequent in the leg due to the additive factor of the hydrostatic pressure of the blood in the upright position. Intimal injury with the formation of atheromata is another causal factor in atherosclerosis.

Some common denominators of hypertension and atherosclerosis other then the mechanical excessive infiltration of cholesterol through the intima by the high pressure are: 1] a conditioned vitamin B_6 deficiency may involve both disorders; 2] abnormal trace metals (eg. lead and arsenic) may not only affect the hypertensive process, but increase cholesterol synthesis. The most significant and frequent characteristics are the tendency to habitual worry, increased consciousness of responsibilities, success motivation and the inability to relax. Thus hypertension leads to heart failure through two primary routes. First, the heart muscle suffers when its own supply of blood in the walls of the heart is interfered with by arteriolar disease; second, the heart must work harder to overcome the increasing resistance to the free flow of blood.

Some precursor warning signs and symptoms of impending heart disease include pulse irregularities, arrythmias, breathlessness, edema and fluid accumulation (ascites), indigestion and the typical angina pectoris pain.

Interference with arterial flow in the extremities can result in many tragic diseases. Common peripheral vascular diseases include gangrene, thromboangiitis obliterans, the Raynaud syndrome as well as varicosities. The list of vascular diseases is endless.

The clinical manifestations encountered in cases of circulatory disorders of the extremities are; coldness, pain, blanching, weakness, intermittent claudication, loss of hair, deformity of the nails, dry-

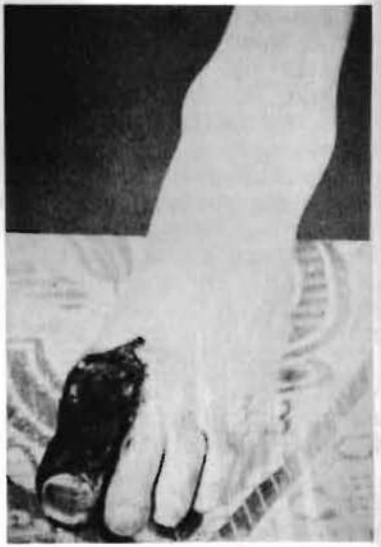
ness of the skin, atrophy of an entire extremity, numbness and paresthesias, and a whole train of symptoms and signs that follow destruction of tissue by infarctive process.

Of great significance in acute arterial obstruction are two conditions which can influence the magnitude of the symptoms; first, the level of the obstruction; and second, the collateral circulation. Drs. Collens and Wilensky further state in *Peripheral Vascular Diseases (pg. 63)*,

> A young person with mitral stenosis but with a normal peripheral circulation, who suddenly develops an embolic occlusion of one of the major arteries is in a much better position to escape infarctive necrosis and gangrene than the patient with peripheral arteriosclerosis who has no potential collateral capacity and who experiences the tragedy of an acute popliteal artery thrombosis.

Acute infectious gangrene is one possible end result of obliterative arterial disease. In particular the diabetic is most susceptible with his inherited decreased immunity.

The rapid spread of infection with local infectious thrombosis of artery and vein leads to the final death of the tissue. The microorganisms most commonly responsible are hemolytic streptococcus, staphylococcus aureus, and such anaerobic bacteria as the Welch bacillus. Important in this type of gangrene is the portal of entry which may be found to be a small sinus or a patch of moist gangrene. Trimming a corn or callous, or a shoe abrasion can rather easily be the cause of infectious gangrene in the diabetic patient. The chiropractic physician, in dealing with the geriatric patient, should make it a strong point with the patient to avoid self-care of the feet, and should make referral for this service to a podiatrist.



The gangrenous great toe of a geriatric patient.

Other origins of gangrene include acute infarctive and acute traumatic, thermal, chemical or mechanical injuries. Gangrene of any degree is usually differentiated as being wet (moist) or dry. Wet gangrene is dry gangrene complicated by secondary bacterial infection, and is especially seen in both the diabetic patient, and the one suffering from thromboangiitis obliterans,

The classic work of Buerger in 1908 in identifying thromboangiitis has pathologically labeled it as an inflammatory process involving the arteries and veins of all the extremities. While being a disease occur-

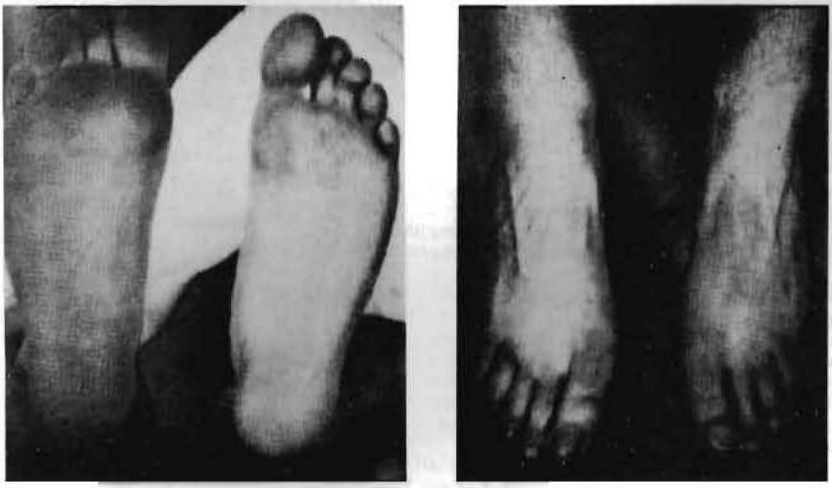
ring ordinarily between the ages of 20 and 40 in men, it is seen in its progressive chronic state in the aged.

The distinction from atherosclerotic peripheral vascular disease may be difficult or impossible. With its etiology unknown, thromboangiitis obliterans (Buerger's disease) is thought to be a collagen disorder primarily involving the plantar and digital vessels and those in the lower leg. A common early indication of the disease is superficial migratory thrombophlebitis.

Numerous clinical findings point to this form of arterial insufficiency. A history of smoking is almost always obtained, and continuation of smoking makes progress in treatment difficult. Intermittent claudication is common, being felt in the palm of the hand or the arch of the foot. Rest pain, along with numbness, diminished sensation, and prickling and burning pains make Buerger's disease a constant discomforting ailment. Distinct markings of rubor and pallor are noted in the affected extremities and remain relatively unchanged by positive pressure.

Trophic changes are usually present in the form of painful indolent ulcerations along the nail margins.

Differential diagnosis of Buerger's disease from arteriosclerosis obliterans reveals the latter to occur in the older age group, usually with associated hyperlipidemia and vessel calcification and without associated phlebitis.



A B

In testing for Buerger's disease, the feet are elevated. The affected foot will blanch. When the feet are lowered, the affected foot will become erythemic (B).

Raynaud's disease appears first between the ages of 25 and 45 and almost always in women. It is interesting to note that a family history of vasospastic phenomenon can often be obtained in this form of paroxysmal digital cyanosis. Thus a disturbance in the sympathetic system leads to excessive responses of the digital arteries to these vasospastic stimuli.

The characteristic intermittent attacks of pallor or cyanosis (bilaterally symmetric) in the fingers mainly are precipitated by cold or occasionally by emotional upsets. During recovery there may be intense rubor, throbbing, paresthesia and slight swelling. Warmth applied to the affected parts will terminate the attacks.

Varicose vains could be discussed in this paper as it is an affectation common to the geriatric. However, due to the nature of this paper it can be passed by as its basic principles are rather well understood. As in hypertension, atherosclerosis and the aforementioned peripheral vascular disorders, this condition also basically stems from a neurological disturbance of vasomotor response.

These cardiovascular diseases obviously affect the young as well as the older patients. Their treatment presents a tremendous challenge to any physician, regardless of his discipline, as the progressive age factor makes chronicity an often insurmountable goal.

OUR ALUMNI AND OTHER FRIENDS.

For many years past, OUR ALUMNI AND OTHER FRIENDS, a feature article by Dr. Arthur V. Nilsson, has graced the pages of the Chirogram.

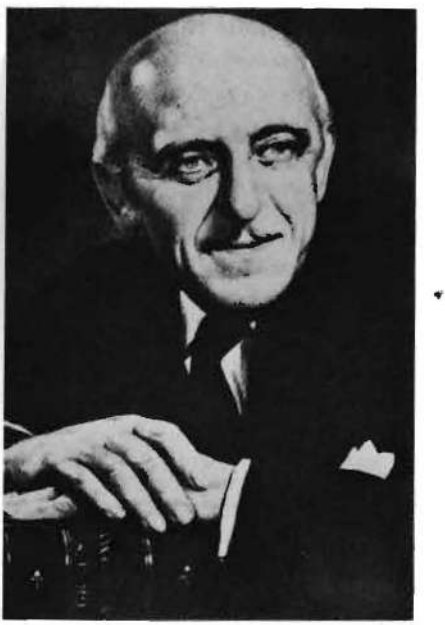
With his unique style of writing, Dr. Nilsson kept track of the comings and the goings of the doctors in the field, reporting on their activities, and sharing with all of us their successes and joys, and yes, also their sorrows. He kept us in touch!

His column was one of the most popular features of this journal, but, the column is no more! The letter to the editor reproduced on the opposite page will give you the reasons.

It goes without saying that we very much regret Dr. Nilsson's decision to leave our pages, and we will certainly miss his most valuable contribution, but, as one who struggles monthly with the problem of deadlines --- we understand!

When he retired from our pages as a regular writer, a bronze plaque, thanking him for his years of service to the college, the profession and to the readers was awarded him. The plaque was awarded at a special assembly of the student body.

His years of service to THE CHIROGRAM will never be forgotten, and always will be appreciated! *Ed.*



Arthur V. Nilsson, A. B., D. C.

ARTHUR V. NILSSON, A. B., D. C.
CHAIRMAN, DEPARTMENT OF ANATOMY
LOS ANGELES COLLEGE OF CHIROPRACTIC
920 EAST BROADWAY
GLENDALE 5, CALIFORNIA

September 15, 1972

Dr. Jay D. Kirby,
Executive Editor of the CHIROGRAM,
Los Angeles College of Chiropractic.

Dear Jim:
I have decided to discontinue writing under the heading OUR ALUMNI AND OTHER FRIENDS. The reason for this decision is:

1) The fact that the supply of letters containing authorized news from our field practitioners is meager at the best, and during some months no letters arrive at all.

2) When occasionally I meet a large group of our alumni, as for example, at a HOMECOMING or at a CONVENTION, it is impossible to list the names or write a few lines about everybody I meet. The ones left out have a legitimate reason to accuse me of being inconsiderate, partial, preferential. This I do not want to be.

3) Sometimes graduates of ours pay our College a visit, and I, being either in class or off the premises at the time, know nothing at all about such a visit, even though the visitor in question MIGHT expect me to mention it in the Alumni Column.

4) Finally, I am not a gifted reporter or news-writer. It is difficult for me to "color" things. Consequently, my lines - even though factual - appear drab and somnifacient.

However, in order still to keep in general contact with our graduates, a list might be printed mentioning the names of those alumni (or other friends) who visited us lately. Our Deans might get together and take down the names of the visitors. Then, once a month, this list should be submitted to the office of the CHIROGRAM.

I know that you, Jim, may think of some way of solving the linkage between us, at the College, and the readers in the field, in addition to what your interesting articles already do. Incidentally, the Chirogram is outstanding with its thought-provoking and educational epistles.

Sincerely yours,

Arthur.

A CHRISTMAS LEGACY

PROLOGUE

The manuscript for this heart warming legacy was found in the tattered garments of a patriarchal derelict who had once been a lawyer. Although it was written on odd scraps of paper, the handwriting was firm and beautifully legible. The unusual document was read before the Chicago Bar Association, which ordered it probated and placed on the Record of Cook County, Illinois, where it has been called "the most beautiful will ever written".

I ... Charles Lounsberry, being of sound and disposing mind and memory do hereby make and publish this, my last will and testament, in order, as justly may be, to distribute my interest in the world among succeeding men.

That part of my interest which is known in law and recognized in sheep-bound volumes as my property being inconsiderable and non-account, I will make no disposition of this in my will. My right to live, being but a life estate, is not at my disposal, but these things excepted, all else in the world I now proceed to devise and bequeath.

ITEM

I give to all good fathers and mothers in trust for their children, all good little words of praise and encouragement, and all quaint pet names and endearments, and I charge such parents to use them justly, but generously, as the needs of their children shall require.

ITEM

I leave to children, inclusively, but only for the term of childhood, all and every flower of the fields, and the blossoms of the woods with the right to play among them freely, according to the customs of children, warning them at the same time against thistles and thorns. And I devise to children the banks of the brooks and the golden sands beneath the waters thereof, and the odors of the willows that dip therein, and the white clouds that float high over the giant trees. And I leave to the children the long, long days to be merry in, in a thousand ways, and the night and the train of the milky way to wonder at, but subject nevertheless to the rights thereinafter given to lovers.

ITEM

I devise to boys, jointly, all the useful idle fields and commons where ball may be played, all pleasant waters where one may swim, all snow-clad hills where one may coast, and all streams and ponds where one may fish, or when grim winter comes, where one may skate -- to hold the same for the period of boyhood. And all meadows with the clover blossoms and butterflies thereon; the woods with their appurtenances, the squirrels and the birds and the echo of the stream's noises and all the distant places which may be visited, together with the adventures there found. And I give to said

boys each his own place at the fireside at night with all the pictures that may be seen in the burning wood - to enjoy without let or hindrance of care.

ITEM

To lovers, I devise their imaginary world, with whatever they may need, as the stars in the sky, the red roses by the wall, the blossoms of the hawthorn, the sweet strains of music, and aught else that may desire to figure to each other the lastingness and beauty of their love.

ITEM

To young men, jointly, I devise and bequeath all boisterous inspiring sport and rivalry, and I give to them the disdain of weakness and undaunted confidence in their own strength. Though they are rude, I leave them the power to make lasting friendships, and of possessing companions, and to them exclusively, I give all merry songs and grave choruses to sing with lusty voices.

ITEM

And to those who are no longer children or youth or lovers, I leave memory and bequeath to them the columns of poems of Burns and Shakespeare and of other poets, if there be others, to the end that they may live the old days over again, freely and fully (without lithe or diminution).

ITEM

To our loved ones with snow crown, I bequeath the happiness of old age and the love and gratitude of their children, until they too fall asleep.

EPILOGUE

Warm and kindly is the philosophy of this inspiring document, which turns our thoughts to those noble and enduring values which ever assume their true importance with the approach of the holiday season. May the message add its measure of cordial good will to the coming days.

In Memoriam

DR. LEWELLYN A. BROOKS
LOS ANGELES, CALIFORNIA

†

DR. JOY ENLOW
LOS ANGELES, CALIFORNIA

†

DR. ANTHONY DiCESARE
BURBANK, CALIFORNIA

†

DR. PAUL ARNOLD HOLTGREN
LIVINGSTON, MONTANA

†

DR. KENNETH L. REYNOLDS
RIVERSIDE, CALIFORNIA

IN LIEU OF FLOWERS

Contributions to the Library Fund of L. A. C. C. in lieu of flowers in memory of a friend or relative ARE appreciated by the bereaved.

The following is a typical expression of appreciation recently received:

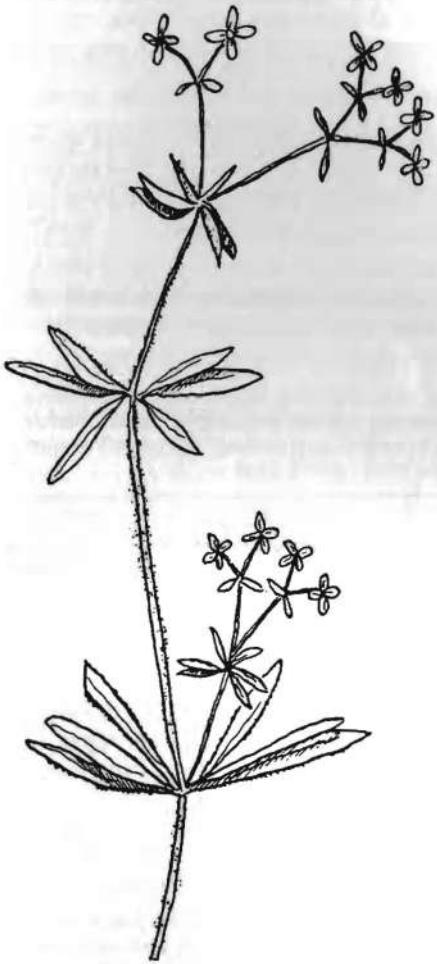
"It would make Dr. (deceased) very happy, if he knew that you remembered him in such a nice way."

Flowers are so transitory - but a book in the L. A. C. C. Library is a lasting, functional memorial!

Send your check, the name of the deceased, the name and address of the bereaved and the details will be handled immediately from LACC.

What Is Cleavers?

Cleavers – goosegrass or bedstraw, common names for *Galium Aparine*, is a weak almost perenial herb that cannot stand upright unless it is climbing on and supported by surrounding vegetation. (*Galium if from the Greek for a plant that is supposed to curdle milk.*) Despite the terminal "s" cleavers is singular.



Little dry fruits come from the greenish-white inconspicuous little flowers and the bristles on these fruits stick to anything that brushes against them, scattering the seeds far and wide.

Cleavers is not seen in Southern California, which is basically desert country. In damp soil it grows practically all over the world, however, it is a plant that is not well known to most people, because it is so weak it must be propped up by other vegetation, and therefore is seldom really noticed.

According to old time herbalists cleavers is the reducing diet supreme. It is said to painlessly pare pounds from plump persons. This was one of the herbalist's secrets. It is said that when styles changed, and the plump figure came to be admired, the good ladies of yore ceased the use of cleavers, and they turned to herbs and other foods that would keep them fat. When the lean figure once again became popular, the secret of the cleavers seemed to have been forgotten.

Springtime was probably the reducing time in ancient England, for that is the only time that cleavers is palatable. In Merrie Olde England, the dish made from cleavers was called "Lenten pottage", and many a buxom beauty must have resolved to shed some extra pounds during Lent.

The usefulness of cleavers is not restricted to dieting. It has, in times past, been considered a medicinal herb of value, as it contains three distinct acids, one being found in Galium; citric acid, the same acid that makes lemons valuable.

Another is Tannic acid, that is so valuable in treating numerous complaints. Cleavers Tea is made from the seeds, with the drink somewhat resembling coffee. The tea was also used as a medicinal agent.

Edited by
Harold Heintz Payne, D.C., F.I.C.C.

TAX TIPS

by Irving Besen, C.P.A.

One of the basic techniques of estate planning is to get your property into the hands of your heirs while you are alive, instead of afterwards.

The object is to cut state and inheritance taxes.

Although you have demonstrated your rugged individualism by becoming a chiropractic physician, we just cannot recommend that you do your own planning with a complex estate. There are too many pitfalls, and also better plans than you are likely to come up with.

If the estate is not too complex, get a copy of "How to Avoid Probate!" and see what you can do. It's mainly designed to cut out the probate attorney's fees, which can be large. But, proceed with caution!

If you want to start your estate planning early, you can combine it with income tax savings with the following fiddle. *(That's British for tax technique.)*

Make a gift to your child of $6,000 (or less if necessary). Borrow it back at the maximum interest rate your state allows (10% in California). Repay the loan and interest annually, *You* get an interest deduction, your child pays no (or little) income tax.

Make an additional gift each year, reborrow the cumulated amount, etc.

If the child is a minor, find a trusted friend or relative to act as custodian of the child's note from you. This is necessary to keep the gift out of your estate.

The amount of $6,000 is the annual per donee exclusion from federal gift tax if your spouse consents in making the gift.

The gift can be larger and still avoid federal gift tax with use of the donor's lifetime exemption.

Consider the effect of state gift tax.

This can be used with grandchildren and other heirs in lower tax brackets.

Gifts to your spouse may be good for estate planning, but there's no benefit in income taxes.

Of course the gifted property and the income therefrom belong to the heir thereafter. If there may be a spend-thrift problem, then make it a formal trust. This will require a lawyer.

Update

by MOISES MARCUS

We introduce a new personality and a brand new feature. The personality is Mr. Moises Marcus, who comes to our campus from Cuba. He is currently the President of the Extended Day Student Body. He will keep an eye on the journals and an ear to the ground for the latest happenings in the world of the art and science of healing, as well as the body politic having to do with the healing professions. We welcome him to our pages. Ed.

Eight shipments of acupuncture needles imported from China, Taiwan and Hong Kong languish in West Coast warehouses, waiting Food and Drug Administration orders for their release. But the agency seems in no great hurry to liberate them.

Drawing authority from the Food, Drug and Cosmetic Act of 1962, which gives it control over device labeling, the FDA has acted to virtually halt all interstate and international shipments of needles and devices used in the Chinese technique. Only properly labeled devices can be shipped in interstate commerce, and part of labeling includes instructions for use, side effects, long term effects and other factors which are not available in connection with acupuncture devices.

FDA is willing to release the needles for "valid research purposes". For instance, in Seattle, Washington (holding 7 shipments with the 8th in Los Angeles), *one lot was discharged to a chiropractor* when he guaranteed that they would be used only in lectures and that any demonstration of the needles would be made only upon dolls, or teaching dummies.

But under no circumstances will the FDA release shipments to doctors or to institutions. A formal FDA position statement on the manufacture and distribution of acupuncture needles is expected shortly.

Another Federal Agency, the National Institute of Health, has revealed plans to conduct a major study of the ancient Chinese therapy in its use as an anesthetic and as an analgesic. After considering the many uses of acupuncture, an advisory committee recommended that the most valuable first approach in the United States would be to study the methods used for surgical anesthesia *and for alleviation of certain chronic pain syndromes.* Other uses considered but rejected by the committee included arthritis, toothache, low back pain, rheumatism and insomnia, according to Medical Products Salesman.

X-RAY CLINI-QUIZ

by

Philip C. Runsten, D. C.
Certified Roentgenologist

1. If a film of the abdomen is taken approximately 24 hours after an upper GI series has been performed, the following structure may be demonstrated:
A. STOMACH
B. JEJUNUM
C. DUODENUM
D. COLON

2. For the flouroscopic examination of the stomach mucosa and duodenal bulb, the radiologist often uses the technique of:
A. DELAYED FILMING
B. COMPRESSION
C. PNEUMOPERITONEUM
D. BARIUM ENEMA

3. After completion of a barium enema, the patient is allowed to go to the toilet and is then returned for a (an;
A. POST EVACUATION FILM
B. REPEAT ENEMA
C. UPPER GI EXAMINATION
D. I. V. P.

4. Perirenal or retroperitoneal air studies are used to visualize the:
A. STOMACH
B. ADRENAL GLANDS
C. AORTA
D. LIVER

5. The position of the gall bladder may be indicated on a plain film of the abdomen by the presence of:
A. NON-OPAQUE CALCULI
B. OPAQUE CALCULI
C. BILE
D. BARIUM

(Answers on page 27)

CARDIO-PLUS

NUTRITIONAL ADJUNCTS CAN HELP AMELIORATE MUSCULAR DEGENERATION WHEN DUE TO VITAMIN DEFICIENCIES . . .

Certain Doctors have reported and several clinical studies indicate, Cardio-Vascular symptoms seem to be ameliorated by the use of dietary nutrients compounded of Beef Heart Nucleoproteins, Niacin, Vitamin E, Riboflavin and Vitamin C.

CARDIO-PLUS is a dietary adjunct consisting of nutrients and essential vitamins from natural sources. It is a food for special dietary use to nutritionally aid in improving general circulation.

This nutritional product is not a drug, nor is it intended to replace any drug, physical or manipulative therapy methods which may be indicated to the Doctor in such states.

HIGH SPOT RECAP OF CLINICAL FINDINGS

A. Riboflavin deficiency shows up as a sclerosis of the cells as in heart muscles. (1)
B. Muscular degeneration, as in heart, can be due to Vitamin E deficiency. (2)
C. Nutritional muscular dystrophy is attributal to Vitamin E deficiency. (3)
D. Vitamin C helps in the maintenance of integrity of the cells. (4)
E. Vitamin C essential to osteoid tissue and vascular function. (5)
F. Vitamin C widely used in Russia for coronary heart conditions. (6)

SOURCES

1. Deposition of Dr. P.L. Harris, Oct. 24, 1963. U.S. District Court, Omaha, Neb., Page 79
2. Merck's Manual - 10th Ed. Page 244.
3. Deficiency Disease - Dr. R.H. Follis Page 163.
4. Deposition of Dr. P.L. Harris, Oct. 24, 1963. U.S. District Court, Omaha, Neb., Page 81.
5. Merck's Manual, 10th Ed. Page 243.
6. JAMA Nov. 18, 1961. Page 213.

For additional professional information write for CARDIO-PLUS Bulletin Form SP-260.

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Mr. David Sofaer and Standard Distributors has placed a new ULTRATHERM 608 in the teaching clinic of the Los Angeles College of Chiropractic. The Ultratherm 608 is a new product of Standard Distributors, shown to the chiropractic profession in California for the first time at the LACC Homecoming. Mr. Sofaer (left) is shown demonstrating the unit to Dr. George H. Haynes, Administrative Dean and Executive Officer of LACC. Dr. Haynes expressed his appreciation for the use of the equipment. Mr. Sofaer also represents Warner-Davis Company in California.

ANSWERS TO CLINI-QUIZ

1. D
2. B
3. A
4. B
5. B

classified advertising

RATES: Name, address, box number, etc., to be counted as part of advertisement.
BOX NUMBERS: 50¢ per month additional to cover cost of postage for forwarding replies).
LIGHTFACE: 15¢ per word. Minimum ten words.
BOLDFACE: 25¢ per word. Minimum 20 words.
PAYABLE IN ADVANCE to THE CHIROGRAM at 920 E. Broadway, Glendale, Calif. 91205.
DEADLINE: 6 weeks prior of publication date.

All classified advertisements must be typewritten or printed, accompanied by check or money order.

The advertisement must be completely lightface or completely boldface.

The Chirogram accepts no responsibility as to advertiser's claims, goods or products. Do not telephone the Chirogram office relative to box numbers in classified ads. No information will be given.

OFFICES FOR SALE, RENT OR LEASE

FOR RENT OR LEASE Chiropractor's office 109 North Chevy Chase Drive, Glendale, Calif. See this nice, clean spacious air-conditioned office. Set up for x-ray and cardiographs. Well located on Hollywood-Glendale-Pasadena-LA bus lines. Ample parking. For information or to see its other features, phone (213) 663-0458

$25,000 PRACTICE for sale. 2 hours from LA, 1 hour from San Bernardino. Total cash $2,500.00. Equipment a' la carte. Write CHIROGRAM, BOX 3356.

OPPORTUNITY! Beautiful professional office suite. Must sub-lease. $200 month. Will negotiate. Chiropractic phone listing for 1973. Located at 13422 South Inglewood Ave., Hawthorne, CA 90250. Key also with Lucy O'Hara, Realtor across the street. Contact: Dr. Oriette Younes, 571 Pine Avenue, Holtville, CA 92250. Tel. (714) 356-1782.

FOR SALE: Chiropractic office building, 20 X 30. Extra frontage for addition. Carpeted and draped. Central air conditioning. Forced air heat. 6 space parking in rear. Excellent condition. Retiring. W. E. Bohrer, D.C., 8440 State Street, South Gate, CA 90280. 213-566-2564.

PRACTICE FOR SALE, with or without equipment. Net $12,000 year, 3 days a week. Established 15 years. Recently redecorated and carpeted. Priced right for quick sale. Dr. N. W. Frankfort, PO Box 1577, Oroville, CA 95965. Tel. (916) 533-3730.

PRACTICE FOR SALE. with or without equipment. Low rent. Close to hunting, fishing, skiing. Average '72 monthly income $2300.00. Minimum down $2000. Write Chirogram - Box 3365.

RECENTLY VACATED office of Dr. Robertson now available. Twenty year location of chiropractic practice. Six treatment rooms and x-ray. Downtown Santa Cruz. Call 408-374-5600.

EQUIPMENT FOR SALE

FOR SALE: Several pieces of equipment that are rather old but in good working condition. Amrex ultra-sonic with stand; Amrex sine-wave with stand; UV upright with oroficial; Desk model manometer, new. Assorted misc. accessories. All reasonably priced. Phone (213) 675-3133 or write Dr. M. L. Paccie, 13241 S. Prairie Avenue, Hawthorne, CA 90250.

SACRIFICE: Ortho-structurometer, Vaso-pneumatic, Examination table, Cameon Heartometer, Plasmatic therapy unit, Fischer Ultra-violet (grid and orofical). Infra-red lamp. All in good condition. Dr. Fitches, 17014 Clark Ave., Bellflower, Calif. (213) 867-6183.

FOR SALE: Berg Ortho-structurometer, excellent condition, reasonably priced. Phone (213) 965-3407.

FOR SALE: 8 X 10 Continental cervical bucky counter-balanced floor to wall mount. Take AP, Lat, Base posterior nasium or vertex x-rays, sitting or standing. Also adjustable cervical chair used in conjunction to above bucky. Please note change of address. Dr. Noll Walker 366 Thousand Oaks Bl., Thousand Oaks CA 91360. Phone 805-495-1037.

FOR SALE PROFEXRAY Flouroscope, excellent condition. Make offer. Retired. Also real bone spine. Percussomotor. Alhambra, (213) AT. 1-0366.

TABLES — New improved Mussler Multi-Technic Tables. For many years the favorite in the correction of spinal fixations and curvatures. From $395 up. Also restoration service on all makes tables, loaners, or nylon sewn upholstery in all colors for do-it-yourself. Mussler Table Co., 4392 S. Huntington Drive, Los Angeles CA 90032.

CLASSIFIED (Cont. next page)

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100 100 X-ray Mattern. New tube, complete dark room setup plus some misc. office furn. $1500. Retiring.
(213) 532-1181.

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WANTED: Seroyal Magnetic Affenitizer. Set Complete.
Write: CHIROGRAM, Box 3359

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WANTED by male LACC graduate, established progressive chiropractic practice in Orange County California. Send details to Box 5874 Orange, CA 92667.

OPPORTUNITIES

ASSOCIATE: Plush, beautiful office in Costa Mesa. Late afternoon, early evening and Saturday practice. Excellent opportunity for new graduate to build his own practice. (714) 548-4806.

GREAT OPPORTUNITY for two aggressive young D. C's to start associate practice in one of So. California's most modern chiropractic facilities. Percentage basis, no investment Dr. L. Ward,
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CHIROPRACTIC RELIEF service for the busy doctor who needs a vacation. (California only) Information and references on request. Write The Chirogram - Box 3302.

WANTED: Young, enthusiastic and principled California licensed D.C. to work (salary or commission) in busy office in Southern California. Call (213)925-9969 or write to Dr. Donald Bach, 12900 Paramount Bl., Downey, CA 90242.

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WANTED TO SHARE office with established doctor in San Diego area. Specialty practice, will not conflict.
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CHIROGRAM ADS
GET RESULTS!

At this joyous season the Administration, Faculty and Employees of the Los Angeles College of Chiropractic, and the Staff of The Chirogram extend to you and to your families our Greetings and Good Wishes.

"And so, as Tiny Tim observed,
God Bless Us, Every One!"

from Charles Dickens' A Christmas Carol

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